

CUSTOMER'S/BUSINESS' CERTIFICATION THAT MANUFACTURER'S FLOOR FINISH STRIPPER PRODUCT(S) MEET NYS OGS'S REQUIRED STANDARDS*

STATE OF _____)
 _____) ss.
 COUNTY OF _____)

I _____ of _____
 NAME CUSTOMER/BUSINESS NAME

attest that the **floor finish stripper product(s)** listed below meet NYS OGS standards for inclusion on the OGS listing of floor finish stripper products. Please fill in the table shown below. If necessary, attach additional sheets.

PRODUCT NAME	HAVE USED AND WILL CONTINUE TO USE FLOOR FINISH STRIPPER MIXED WITH COLD WATER (Yes or No)	ⓄFLOOR FINISH STRIPPER TURNS OLD FLOOR FINISH WHITE IN 1-5 MINUTES AND BECOMES TOTALLY LIQUIFIED WITH MECHANICAL ACTION (Yes or No)	AFTER MECHANICAL ACTION, 100% OF FLOOR FINISH IS READY FOR REMOVAL WITH WATER VACUUM SQUEEGEE (Yes or No)	FLOOR DRIES FREE OF WHITE RESIDUE AFTER WATER RINSE(S) (Yes or No)

ⓄPlease Note: The customer/business is certifying to the fact that they have used the floor finish stripper according to manufacturer's instructions and that it meets the above requirements.

COMMENT SECTION: (If necessary, please use this section, or attach an additional sheet to clarify your responses to any of the above listed questions)

Name of Customer/Business: _____

Address: _____

Signature of Customer/Business Representative: _____

Official Title: _____ Telephone Number: _____

Dated: _____

***THE AFOREMENTIONED INFORMATION PROVIDED IN THIS CUSTOMER CERTIFICATION ATTESTS THAT THE PRODUCT(S) LISTED ABOVE MEET NYS OGS'S REQUIRED STANDARDS FOR FLOOR FINISH STRIPPER PRODUCTS.**

Please submit all completed and signed forms for “**floor finish stripper products**” to:

New York State Office of General Services, Attn: Environmental Services Unit, Corning Tower, 39th Floor, Empire State Plaza, Albany, NY 12242

PLEASE NOTE:

- The three (3) completed forms should be from three (3) different educational facility customers, not from three (3) schools within the same district and
- The certification forms must be submitted with a “Cover Memo”.